medical missionary

JULY-AUGUST, 1963

the role of the hospital in the emerging nations

All things are to be integrated in the Mystical Body of Christ, all things are to sing the glory of the Father; all men, all nations, all cultures and civilizations, all human realities and technological inventions. **Retif**

THE medical missionary

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Cover Photo: Sister M. Lea, with Sanal, the little boy who fell off his charpoi when he was two years old. He was eight when he came to the hospital for care.

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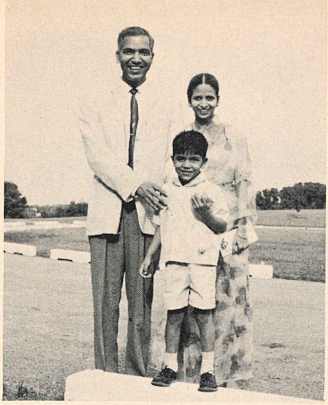
role of the modern hospital in EAST PAKISTAN

by Mohammad Idris, M.B., B.S.



Dr. Idris with his wife and son. Dr. is specializing in Surgery at St. Francis Hospital, Trenton. In two years he will be back on the staff of Holy Family Hospital.

Up until very recently in East Pakistan even the severely ill patients used to be taken care of in their homes by their relatives. This was chiefly because hospital beds were not available and also because the people did not like to be hospitalized. A sort of mystery and fear surrounded the boundaries of a hospital. Women were confined at home for delivery and sought the help of untrained midwives, *dais*, as the trained midwives were either not available or their services were beyond financial limits. Today we are all aware that the ideal and scientific way of treating a very sick person is to admit him to a modern hospital, where in addition to good nursing care, laboratory, x-ray, and other diagnostic facilities are available. A decade ago this curative or restorative care was almost impossible, even in the cities of Pakistan.

A substantial number of hospitals have been built in the whole country since the independence of Pakistan in August, 1947, but they are still inadequate to take care of 94 million people. Most of the hospitals are located in cities and towns, while the greater of number of people, 80%, still live in villages. The Government has made tremendous efforts to improve medical care. The majority of hospitals have been built by Government and are also financed by them. Private hospitals are very few and far between. It is very gratifying to note that four modern hospitals, two in each wing of Pakistan, have been built by the Medical Mission Sisters and are run by them.

Pakistan has much to achieve in the field of preventive medicine. Most contagious and communicable diseases could be prevented by teaching the people simple principles of health and hygiene. Hospitals are making endeavors to educate the people by displaying placards and sponsoring talks on fundamentals of health and hygiene, carrying out large scale vaccination programs. Diseases such as malaria, kala-azar, pulmonary tuberculosis, dysenteries, and cholera are a real challenge to the young nation on the frontier of preventive medicine.

Training and educating nurses and midwives, is the third most important function of the modern hospital in Pakistan. Since nurses and midwives are still few and far between it is hardly possible to meet the nursing needs of the nation. Nursing has not as yet attained full recognition as a good and noble profession for women as far as the people at large

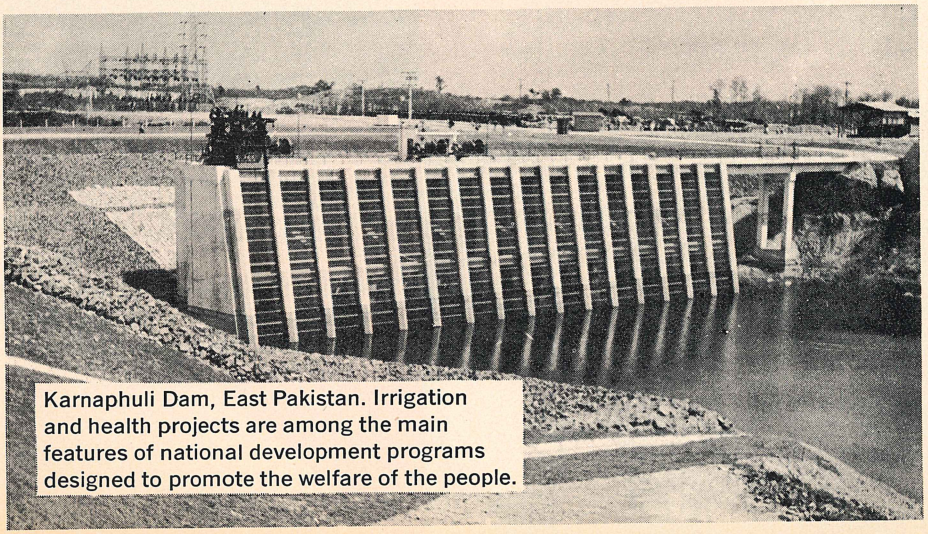
A Pakistani patient suffering from Kala-azar, endemic here; it ranks next to T.B. as a health problem in East Pakistan.

Leaving their small isolated villages and stepping into a strange world of asepsis, sterilization, anatomy, and physiology is an adjustment for these nurses.

are concerned. Another reason we may add is that the dearth of matriculation-passed candidates (high school) greatly limits the number of young women who have the basic requirements to study nursing. Government is making an all out effort to increase the number of nurses by offering certain benefits. In Dacca, East Pakistan there are two grade-A training schools: Holy Family Hospital School of Nursing and The Medical College Hospital School.

Doctors for the most part are being trained only in university hospitals. University hospitals have organized post-graduate work in tropical medicine, surgery, preventive medicine, x-ray, and in the other medical specialties. But a modern hospital which is well equipped and has a well trained medical staff should also take part in training young doctors. We could cite here that Holy Family Hospital, Dacca, East Pakistan has a rotating service program in medicine, surgery, and pediatrics for young Pakistani doctors.

It is heartening to see that the efforts of modern hospitals *are* producing an impact on the community. People in the cities and towns are more health conscious than ever before. They seek the aid of a hospital in the Out-Patient Department as soon as an ailment strikes them. With education, the villagers also are gradually becoming aware of the great benefit of a hospital and often travel miles to bring their patients in.



Karnaphuli Dam, East Pakistan. Irrigation and health projects are among the main features of national development programs designed to promote the welfare of the people.

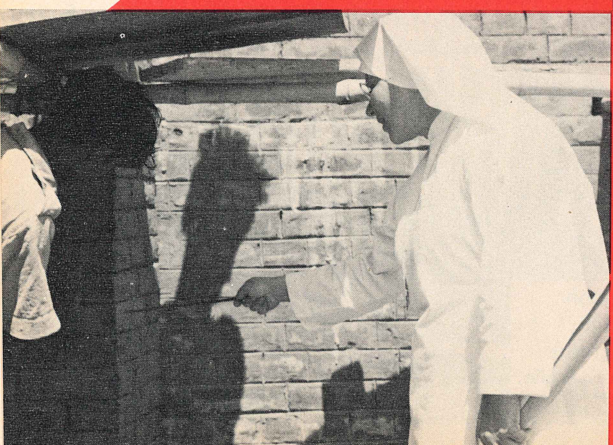
DOCTOR'S DREAM

by Sister M. Angela

When Mother M. Benedict arrived in East Pakistan shortly after partition to become physician and surgeon of St. Michael's Hospital, Mymensingh, literally millions of sick and destitute people were waiting for her. This was 1948.

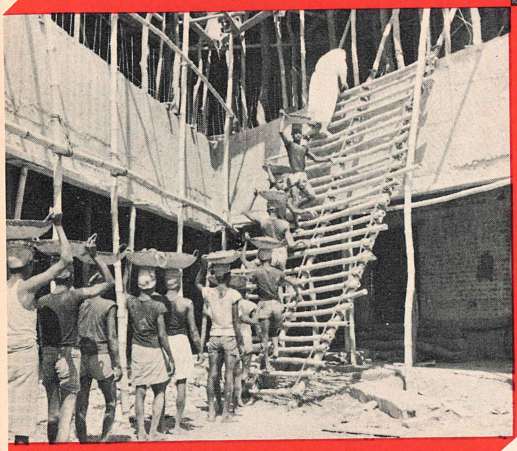
In pre-partition time East Bengal (now East Pakistan) depended greatly on the medical facilities available in Calcutta, India. After the Partition of India and Pakistan in 1947, for the 43 millions of East Pakistanis, there remained only one hospital bed for every 22,000 and about 270 trained nurses. Thus was a doctor's dream (Mother M. Benedict's) born to build a medical center offering the best medical and surgical treatment modern medicine can provide at the lowest possible cost to these multitudes of sick and lame and blind. At the same time Pakistani girls could be trained as nurses and midwives. Eventually they could return to their villages, alleviate pain and depression, and bring people into the medical center for proper treatment. At the time,

Checking on the bricks, Sister M. Benedict threw them up into the air 5 feet high. If they broke, she rejected them.



She poked at newly poured walls to prevent the foreman from using too much sand in the mortar mixture.

The doctor's dream completed. Holy Family Hospital, East Pakistan, was formally opened to the public on March 25, 1956.



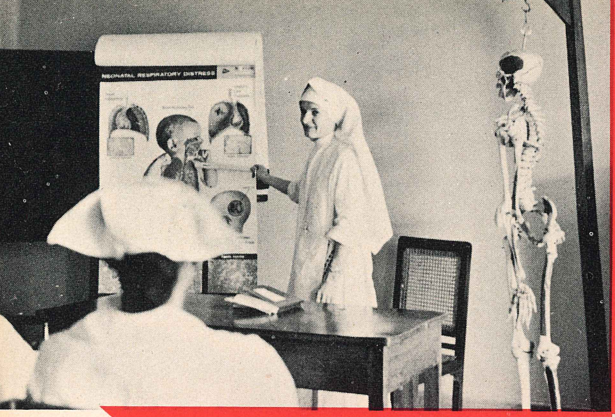
Sister M. Benedict scrambled up a bamboo ladder to check on the construction work of new Holy Family Hospital.

however, there wasn't one *anna* in her pocket or an acre of land in sight. Deep faith in the Providence of God, unremitting determination and just plain hard work saw this dream become a reality.

While still acting as Chief Medical Officer and Surgeon in St. Michael's Hospital, Mymensingh, Mother M. Benedict made innumerable trips starting out on the 3:00 A.M. train, travelling the 114 miles down to Dacca seeking a Government Grant and a good site for the future Holy Family Hospital. (Somewhere on the present beautiful grounds lie buried two medals, one of St. Joseph, the other, St. Benedict.) When after many calls at the Government office, followed by inspections of unsuitable locations, she was granted the present ideal location, a member of the city planning committee, a Muslim, turned to Mother Benedict and said with a smile, "Don't call that a miracle!" But it wasn't until February, 1953 that the twenty-nine families of refugees, living as squatters on the land, could be re-located.

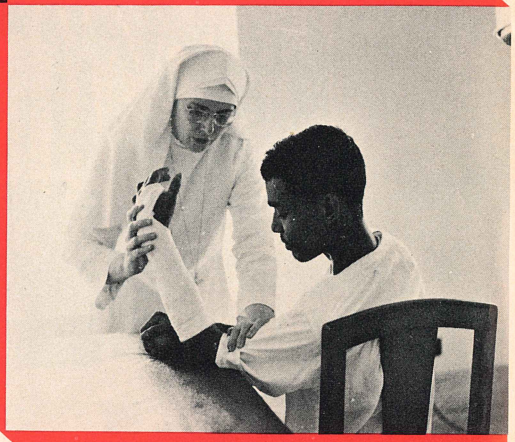
On March 15, 1953 the cornerstone was laid by the Honorable Lady Noon, wife of the Governor of East Pakistan. Many civic and ecclesiastical leaders were present, including the Most Reverend Lawrence L. Graner, C.S.C., Archbishop of the Diocese of Dacca and the Honorable Mr. Nurul Amin, Prime Minister of the Government of East Pakistan. Lady Noon said, "This is the beginning of a grand undertaking and a great and necessary scheme . . . May our actions be blessed and our task made easy by all of us working together and helping each other for the common good and the spiritual and physical well-being of our fellow-men."

In October, Sister M. Bernard and Mother M. Benedict moved into quarters on the hospital site where a dispensary had been opened, enabling Mother M. Benedict, M.D. to treat patients as well as supervise at first hand the construction work. Rev. Anthony Weber, C.S.C., a veteran of 17 years in East Pakistan, was of invaluable assistance,



Sr. M. Juliana teaching midwifery students. Trained nurses take an extra fourth year of midwifery.

Sr. M. Angela with patient in Physiotherapy. He had a broken arm. She is teaching him to exercise his fingers.



acting as construction engineer and taking a personal interest in each and every worker.

It was Mr. R. McConnell, consulting architect to the Government of East Pakistan, who designed the beautiful hospital building while recuperating from an operation in St. Michael's Hospital, Mymensingh.

In January, 1954, His Eminence Valerian Cardinal Gracias of Bombay made a visit to East Pakistan and graciously accepted to break ground for the second unit of the hospital.

At the turn of the year Sister M. Bernard became very ill. She died at Dacca Medical College Hospital, February, 1954, having offered in a special way, all the suffering of her last illness for the Church in East Pakistan and particularly for the building of Holy Family Hospital.

Sister M. Michaela, who had come to help nurse Sister Bernard, now stayed to help Mother M. Benedict, who was busy climbing up bamboo ladders to inspect the laying of bricks, going over details in the blueprints, making sure that too much sand didn't get mixed in with the cement. At the same time there was the payroll to be met, not to speak of the vast amount of equipment needed. This entailed many trips to various people and agencies. One man donated a sizeable sum after her eleventh visit!

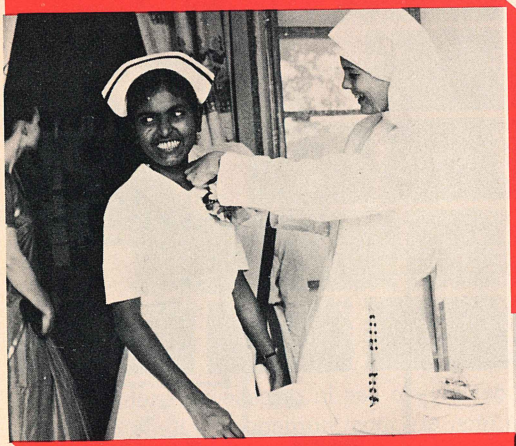
Mother M. Benedict interested many local firms to subscribe to a Medical Scheme which would function after the hospital's opening, thereby raising a sizeable amount. UNICEF agreed to donate equipment for the Nursing School and Pediatric department of the hospital. I.C.A., counterpart of today's U.S. Government A.I.D., contributed toward the construction. Ford Foundation gave a grant also, seeing in Holy Family Hospital a future educational center for the very badly needed Pakistani trained nurses.

More Sisters arrived, one by one, to staff the 150-bed hospital at its opening. They were immediately fired with Sister M. Benedict's enthusiasm as she conducted them through the scaffolding of the skeleton hospital, eyes shining as she pointed out where each department would be.

In October, 1955 the first group of student nurses arrived, twenty-five in all. They were taught preliminary classes in anatomy, nursing arts and English. For they would be expected "on the floors" to help take care of patients when the hospital opened the following March.

In December, days were brightened by a Christmas play which was to become traditional, put on by the student nurses. They illuminated the Bethlehem hillside for the shepherds by producing a fire made in a bucket. You can imagine how the Sisters squirmed in their seats, thinking of the newly painted white ceiling, until the bucket made a hasty exit.

The hospital was blessed on February 11. The "Te Deum" was no sooner finished than there was a rush to the delivery room and the hospital's first baby, a girl, arrived. The general dispensary, free for poor patients, surgery, etc., began to function.



Graduation Day for H. F. H. nurses, Sr. M. Lea pins a corsage on Martina Costa, R. N. Trained nurses are urgently needed.

Sister M. Lourdes, Administrator of the hospital, takes time out to comfort a woman whose child is very sick.

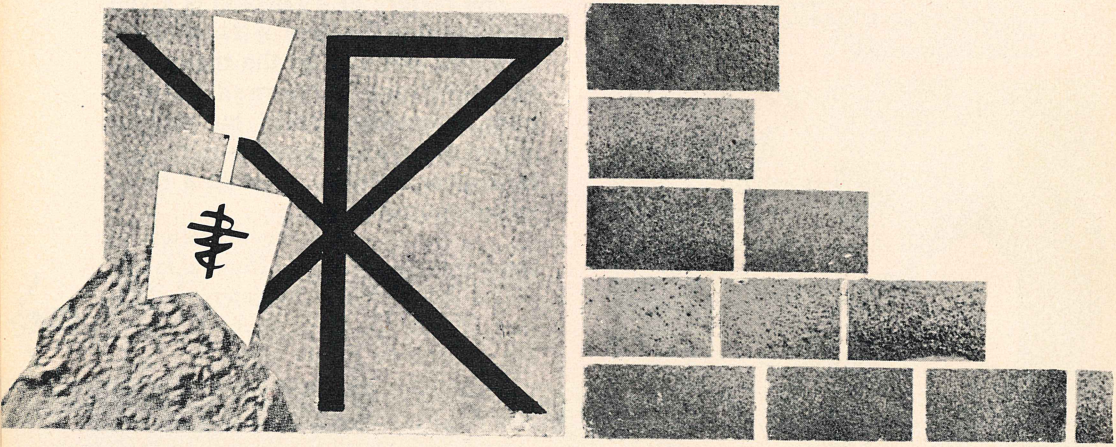
The formal opening, however, took place on March 25, 1956. Almost a thousand people were on hand to see the venerated Governor of East Pakistan, Mr. A. K. Fazul Huq, cut the ribbon held across the front entrance. Speeches in honor of the occasion were given by Rev. John Kane, C.S.C.—Mr. A. K. M. Zahirul Huq, Minister of Health, Rev. Mother Anna Dengel, and Governor A. K. Fazul Huq. Rev. Mother Dengel mentioned with gratitude the many people and organizations who had helped build the hospital.

Holy Family Hospital School of Nursing graduated its first group of trained nurses in January, 1959. Many people came just to see the hospital usually expressing pleasure and surprise to see such a beautiful and well-equipped building.

The history of a hospital is given dimension in the lives of its patients. It is told, not only by the thousands of operations performed, babies born, sicknesses healed, but also for a kind word, extra small service performed or friendly smile to a timid village woman.

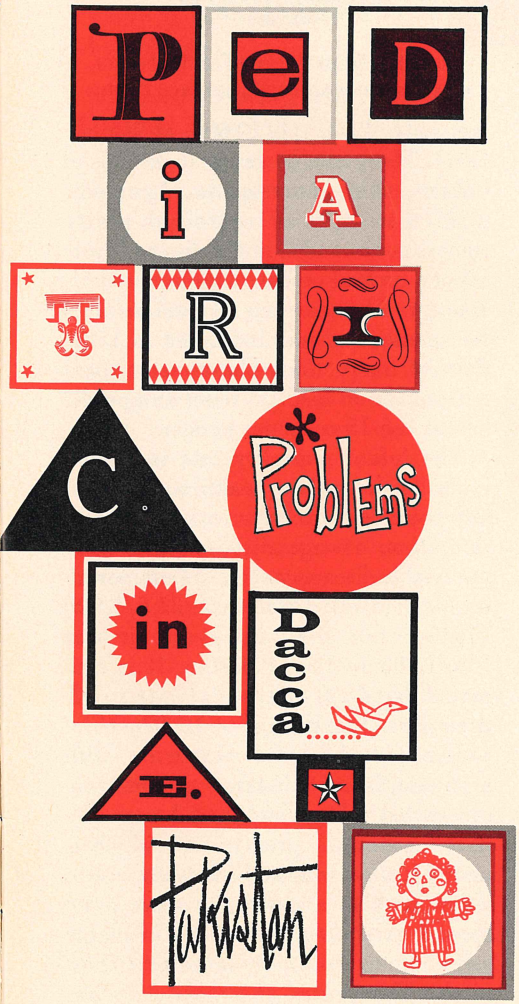
We can all return to the words spoken by the Honorable Mr. Nurul Amin, Prime Minister of Pakistan, March 15, 1953, at the laying of the cornerstone for the hospital:

"No cause can be worthier than that which seeks to apply that 'healing touch' to human suffering. In a world surcharged with strife and hate, anguish and pain, it tends to bring a breath of fresh air reasserting the values which all the great religions of the world have preached. Therefore the stone intended for laying the foundation of this hospital is a symbol. A home for the sick and ailing has its cornerstone embedded in the compassion and humanitarian impulse of its founders." Hon. Mr. Nurul Amin



To understand every man's dignity and sublime destiny—to see in disease an enemy to man's well-being—to look to those regions where men are most burdened by it—to care enough to work at a remedy—to care enough to consecrate the whole of one's life to God in service to the sick—this is to move in the direction of a vocation to the Medical Mission Sisters. Animated by the spirit of Christ, these Sisters care for all peoples, no class, creed or race excepted, no disease or condition excluded. Educated as doctors and nurses, pharmacists and technicians, administrators and accountants, they build and staff their own hospitals and training centers for nurses, midwives and technicians. Look for them in the areas of greatest need—in Ghana, Uganda, India, South America, Pakistan, Vietnam—bringing the benefits of modern medicine as a tangible expression of Christ's concern for all men.

Sr. M. Christine, M.D., the author of this article, tells us about medical problems of 40% of East Pakistan's citizens, 21 millions of children who fall into this pediatric age group.



To the "man in the street" East Pakistan is the land of Nawabs and coolies, rice paddies and jungles, of Bengal Tigers and treacherous cobras. But to the medical missionary, it is a land heir to the sorrows and diseases of centuries of poverty and ignorance. She has tremendous health problems, but only a handful of trained medical personnel to struggle with them; tons of emerging talent, but few experienced guides.

East Pakistan is a land of contrast, a land of change, a mixing of the ancient and modern worlds. She has a wide variety of peoples and customs. It is difficult to formulate a sweeping statement that would be true of every part. Fifteen per cent of the population are literate, ninety per cent live in villages, rendering the task of the statistician very difficult. Therefore figures must be considered reasonable calculations based on sampling. The recent establishment of Pakistan as an independent nation is another factor. Rome was not built in a day. Neither is it reasonable of us to

expect a new government to attain perfection in all administrative functions overnight.

East Pakistan's 50 millions of people occupy 54,501 square miles (940 per square mile). Of this number, 40% (21.6 millions) fall into the pediatric age group (under 15). Only 26% of the American population is under 15 (42.6 millions). These differences are further accentuated by comparing birth and death rates and life expectancies:

	U.S.	E. Pakistan
Birth rate	23.5/1,000	30.1/1,000
Death rate	9.6/1,000	22.1/1,000
Life expectancy	70.2	35 years

Starvation. 48% of East Pakistan's children die before the age of 10.

Economic factors also greatly influence the health of the people. The *per capita* income in East Pakistan was $55 for 1950. The average Pakistani spends $1.00 per person for food per year. Blunt calculated that $2.23 *per month* was the minimum cost of a balanced diet in India, whose conditions are similar in some sections to Pakistan.

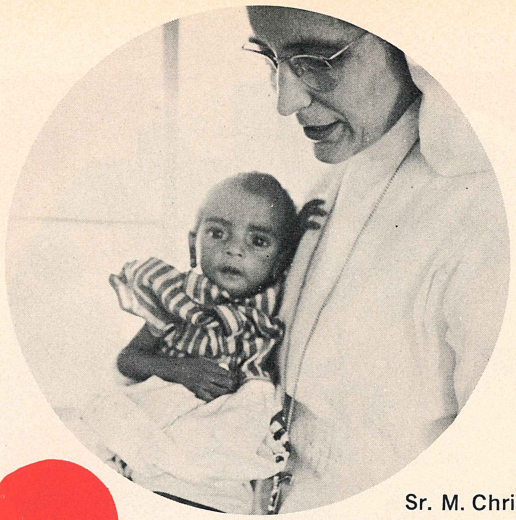
Comparing hospitals, nurses and doctors in these two countries only emphasizes East Pakistan's great need in the field of health. U.S. has 211,680 licensed doctors (1/720 of population) to care for her people, whereas East Pakistan

Mancha, from the Hill Tracts, fell on a native knife and split her face open.

has only 4,500 (1/10,000 of population). There are, however, thousands of hakims, vaids, homeopaths, Ayurvedic and other types of untrained practitioners not included in this figure. There is not a trained pediatrician in the whole country. The teaching of pediatrics in the medical schools is limited to 15-30 days of instruction. The amount spent *per annum* on medical relief and public health is 5-15 cents per person.

The infant mortality rate is a good index to the public health standard of any country. It reflects water and milk sanitation, sewage disposal, and communicable disease control. Infant mortality for the United States was 33.8/1,000 (1946). For the same year, it was 136/1,000 in East Pakistan. It is estimated that 48% of East Pakistan's children die before the age of 10. The chief causes are: 1) poor obstetrics, with asphyxia, injuries, tetanus neonatorum, obstructed labor, neglected breech deliveries, etc.; 2) prematurity, which is nearly always followed by death within a few days to a month, as there is no special care for these babies available anywhere except in the largest city hospitals. The causes of prematurity are

usually intercurrent illness, such as malaria or dysentery, severe anemias of pregnancy, exhausting illnesses of the mother such as tuberculosis and hookworm, early marriages with the first pregnancy occurring at 14 to 16, twin pregnancy, etc. Then, in the first month of life, common causes of death are: gastro-enteritis and thrush; pneumonia; starvation, when breast feeding is not possible. Anomalies are common, especially club foot, harelip, etc., but these are not causes of death. Meningocele usually is, as are all the other serious abnormalities.



Sr. M. Christine holds child suffering from anemia. Hemoglobin was 1%.

Artificial Feeding and Feeding Problems:

The doctor in Pakistan spends less time figuring out formulas than his (or her) counterpart in America. Breast feeding is the rule, and only the serious illness or death of the mother explains the exceptions. The main reason why babies survive at all in this hemisphere is because they are all breast fed. Only among the wealthy and more sophisticated is there ever any question of dropping breast-feeding voluntarily. As a matter of fact, our greatest problem lies in trying to get the mother to stop breast-feeding because of illness, or because the baby is over a year old and needs solid food. One year is the minimum here, two years is very common, especially if no other pregnancy intervenes . . . of course, the lack of good cow's milk and the difficulty in preparing formulas are at the bottom of this. Imagine sterilizing bottles when all you have is a little open hearth and cowdung cakes for fuel . . . Powdered milk and various infant milks are available in the market, and no more costly than the U.S. but far beyond the means of most. It is no surprise that 85% of all infant deaths occur in the bottle-fed!

Immunizations:

Immunizations in this country are limited to smallpox vaccination and they are always free. This is practiced widely, but without control, and hence, by no means completely. There are always some mothers who do not want it, or can't be bothered, and there is no one to make them. Vaccination is required only when travelling outside the country. Hence smallpox persists, usually fairly mild, but occasionally in severe epidemics (in 1958, there were 21,995 deaths in East Pakistan from smallpox). Some private doctors give pertussis and diphtheria immunizations, so that the well-to-do and educated can get them, if they want them. Very few ask for them, though. Measles is usually mild, and

Poor woman in Dispensary. Burkha is thrown back, only women are present.

"A child has clutched your hand, you answer for its touch" (Martin Buber).

scarlet fever, almost unknown, so they do not require immunizations. Polio vaccine is available in limited amounts; typhoid and cholera inoculations are available in unlimited amounts.

Childhood Diseases:

Diphtheria and whooping cough are significant causes of death in childhood. Childhood tuberculosis is very common, and occurs in all forms: pulmonary, bone, gland, enteric, and meningitic. Isolation facilities are meager (450 beds for 900,000 active cases) so control is difficult. The government has established centers for free care, but few patients persevere to a complete cure. When they begin to feel better, they stop injections. This leads to relapse and eventually to a form of the disease resistant to the antibiotics. By the age of 14, 85% of the children are (Mantoux test) positive.

Rheumatic fever is rarely diagnosed in childhood, but must occur, because we see a great many in acute failure (usually after the age 15, during the first pregnancy). An analysis of 717 consecutive causes of heart disease in Bengal showed that 44.6% were due to rheumatic involvement.

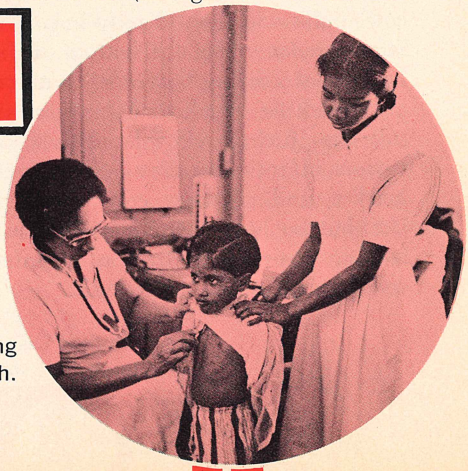
Polio is another disease that is rarely diagnosed, yet we frequently see the typical muscle atrophies caused by it.

Blood dyscrasias such as leukemia are rare, or perhaps they are just not diagnosed. Anemias are common and severe. We had one little girl with 1 gram % of hemoglobin (normal: 14 grams %) due to hookworm disease. Another cause of anemia here is kala-azar (Visceral leishmaniasis), a disease endemic in Bengal.

Fevers of Unknown Origin:

A whole library could be filled with pathetic case histories of tiny bodies wracked with great fevers that resist all forms of treatment and eventually burn up the patient's vitality. Other than obvious bacterial infections, the ones that are diagnosed usually prove to be: malaria, typhoid, kala-azar, tuberculosis or amoebic hepatitis.

Surgical emergencies are mainly atresia of the rectum, pyloric stenosis, and injuries, especially lacerations, fractures and burns. Hernia are common, and harelips also. Appendicitis in children is rare (though our Sisters had



Dr. Angley examines child suffering from T.B. Incidence of T.B. is very high.

one in Mandar, India at the age 20 days or so). The variety and number of intestinal worms has to be seen to be believed.

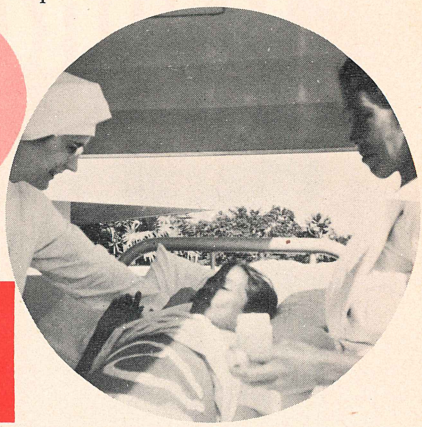
The wonderful part of treating children is their great ability to bounce back from even serious illnesses or

Sr. Goretti combs Asha Rani's hair. Asha has a severe kidney infection.

Marks indicate size of spleen from repeated attacks of malaria.

major operations. It's wonderful, too, to see their social adaptation to hospital life, an experience for which they have no preparation. The first few days there are tears and resistance, but soon they are joining the gang in games and mischief. When there is too much of the latter, we know it's time for discharge. I remember one little fellow who would go from bed to bed to encourage his fellow patients to submit to a blood test, or whatever unpleasant procedure Sister had to administer. But when it was his turn for the needle, all his wonderful psychology went to pieces, and his yells could be heard down to the front office.

Of course, there isn't always the happy ending. One of the social evils here is the custom of "shopping" for medical advice. Junior has been sick for a week, so the family decides something should be done about it. So he is taken to Doctor A who prescribed Penicillin. The next day (after one injection), the child is no better, so he is dragged out to see Doctor B, who prescribes Terramycin (an expensive drug, imported from U.S. therefore it must be a miraculous panacea for all ailments). After one dose of Terra, Junior is still ailing, so next day, Doctor C is called to the house. He prescribed Chloromycetin (even more expensive than Terramycin, therefore even more miraculous). This process goes on until the family pocketbook and the patient's vitality are both exhausted. Then someone mentions Holy Family Hospital. Armed with sheafs of



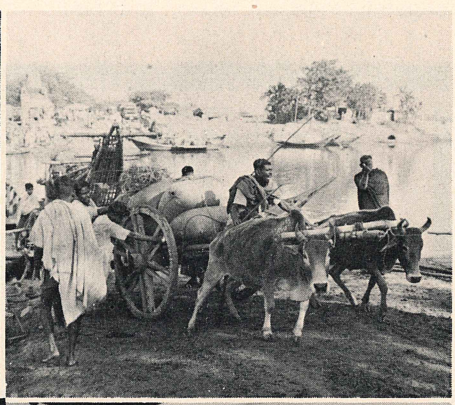
prescriptions, diagnoses, laboratory reports, and a dog-eared x-ray film, the whole clan descends on the emergency room, to give the patient doctor there, a blow by blow description of every burp and bump that junior has had since the day of birth. One glance at the emaciated body, the sunken eye balls, the glassy fixed stare, and the shallow labored breathing is enough to tell the experienced doctor—that a blessed relief to all sorrow is close at hand! Holy Family Hospital, gateway to *health*, or eternal happiness!

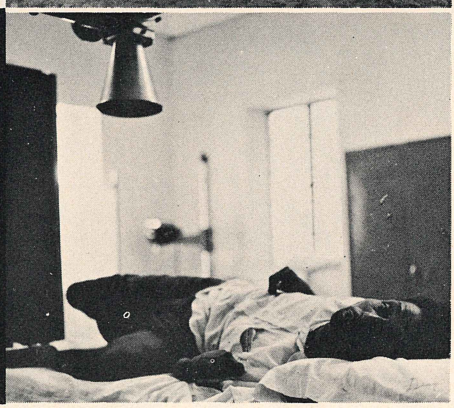
the various
HOSPITAL FUNCTIONS
all seemed to be
AIMED AT
the general
IMPROVEMENT OF
this man,
MOHAMMED ALI

Sister M. Loyola,
X-ray technician
at Holy Family
Hospital, Dacca
the author
and photographer
of this story
of Mohammed Ali.

For several days, the river had swiftly gone by, gradually seeping across the land as it went, soaking up the rice fields and the large flat jute land of Bengal. News came that more villages were being evacuated. Mohammed Ali was used to this; every year, his region had its flood problem. He remained in the one-room cement house he shared with his mother, and daily went to work, as usual. As a laborer at the experimental farm, he did not earn much, but it was more than many others earned. And besides, he had a cement house to live in, one of many such homes in a newly-developed part of the village, rather than the bamboo-matting *basha* he had grown up in and the type that most people still called home. In a very relative sense, Mohammed Ali was on the road to progress. But he was still a poor man in every way. Each day, his mother worked hard to prepare the rice and curry, and the amenities of life were things that he had never known. Some childhood disease had withered his left arm and leg, and he limped slightly. He bore this with the great patience characteristic of his people. He was simple in his whole approach to life, and his needs were few.

But Mohammed Ali did need a roof over his head, and when the water reached Mirpur, it quickly took even that away. It was possible to live with a few inches of water in the house, but





Floods in East Pakistan. They occur every year in this region especially during the monsoon season, usually with great loss of houses, crops, etc.

Ox-cart in East Pakistan. He was taken to Holy Family Hospital in one of these.

Mohammed Ali slipped off a ladder and fell backwards in agonizing pain.

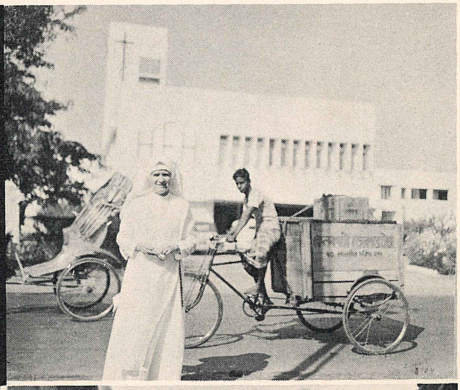
when the floods reached his waist, a decision had to be made. A neighbor who owned a boat agreed to take Mohammed Ali, his mother, and their few belongings to a safer place. Mohammed Ali started to climb the ladder which lead to the flat roof of their *bari* to get their bedding rolls, kerosene lantern, and cooking utensils. He had put them up there that very morning. Then something happened. Somehow, his foot slipped off a rung of the ladder, and he fell backwards, suspended in a very dangerous fashion between sky and water. To make matters worse, there was a crack in his left thigh, the weak side of his body, and the thigh simply bent, as if there were a joint at its mid-point.

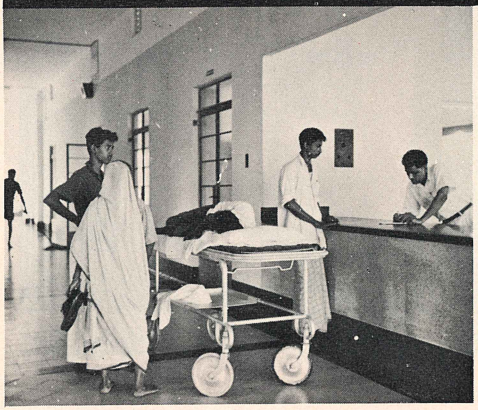
The agonizing pain became audible in a long shriek, and as the men in the boat struggled to free him from the ladder, a soft moan with occasional groans came from the man on whom so much hardship had fallen this day. At last he was free, and back on solid ground, lying on a bullock cart, his mother sitting at his side. The neighbors decided to take him to the hospital. The closest one was Holy Family, in Dacca. The bumpy ride served as a constant reminder to him that his leg was in serious need of care. He said some prayers in his simple way, knowing that God would help—God and the doctor, and the people in the hospital who know so much about the ills that can make ordinary people so helpless.

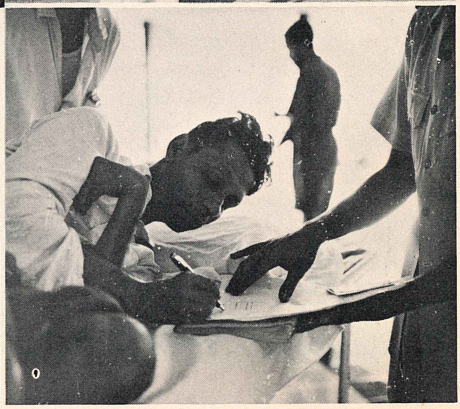
200-bed Holy Family Hospital, Dacca, East Pakistan, treats Pakistani patients, Indians, Asians, also overseas Americans.

Mohammed Ali had a fractured femur. Here he signs himself into hospital.

Admission to hospital. His mother tags along, carrying his shoes.

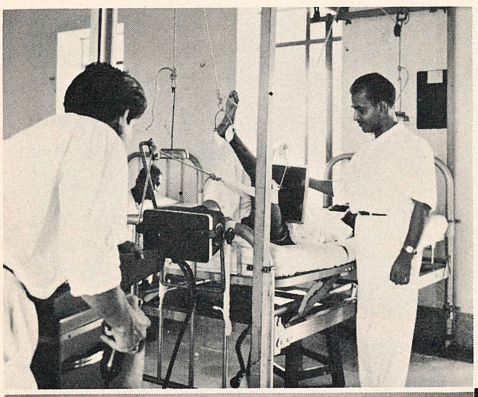


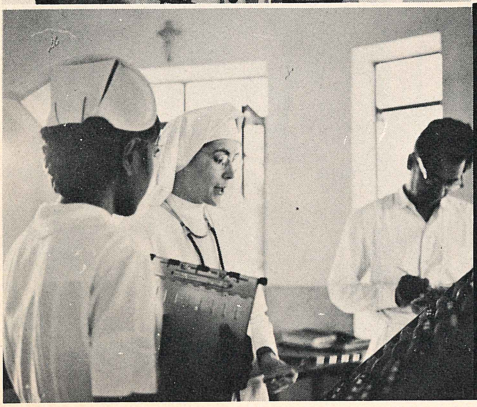




At the hospital, he was put on to a rolling stretcher and examined by the doctor on call, one of his fellow countrymen, a man Mohammed Ali looked up to hopefully, as the damage to his strangely bent thigh was being evaluated. The x-ray film showed a complete fracture a little lower than mid-femur, with considerable angulation and separation of the bone.

The next step was admission to the hospital for proper treatment. Silently, Mohammed's mother tagged along, carrying his shoes. At the front office, the receptionist had a few questions. The "signing in" procedure was explained, and the patient agreed to undergo all necessary procedures, including surgery should the leg require it. Everything was very strange in this new house: the vast, clean halls, the people in white all around, office personnel, messengers, and his own stretcher-bearers. The thought crossed Mohammed Ali's mind: Are these really the ones who will cure me? The only way to find out is to sign these papers. All this was so far from the realities of the last few days: flood waters steadily mounting and the gnawing worry of what to do next. This certainly was taken care of now. A Sister, all in white, quickly relieved the pain in his leg with an injection. The pain had now become numb and a surprising feeling of well-being and drowsiness crept over him. He scarcely noticed that he was being rolled into a little dark room, and that he and his attendant were go-





Sister relieved the pain in Mohammed Ali's leg with a quick injection.

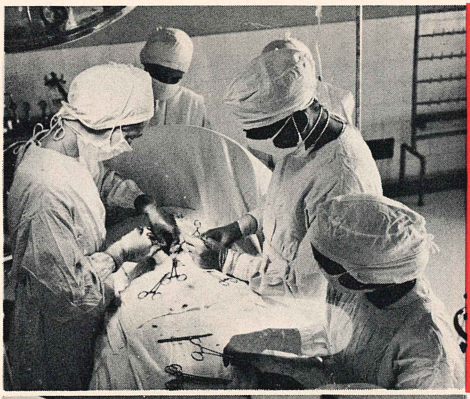
X-rays were again made with the mobile unit, after Mohammed's leg was put into traction.

Sr. M. Christine, M.D., on ward rounds checks the charts with Dr. Ghafoor.

ing up to the tune of a nearby motor.

Promptly, Sister-doctor came in to see her new patient, and started building a fantastic system of pulleys, weights, metal poles and rope: traction was being set up and brought to the point of precise efficiency with the help of the ward nurse, Mr. Baul. Slowly, the long femoral shaft was pulled into its normal position and alignment. If all went well, callus would form and the new bone would develop soon. Repeatedly, x-rays were made with the mobile unit, and every healthy change was carefully noted. Then there were blood counts, medicines, nourishing Bengali meals, etc. The various hospital functions all seemed to be aimed at this: the general improvement of this man, Mohammed Ali, who had placed himself with confidence in the hands of this particular group of scientifically trained people.

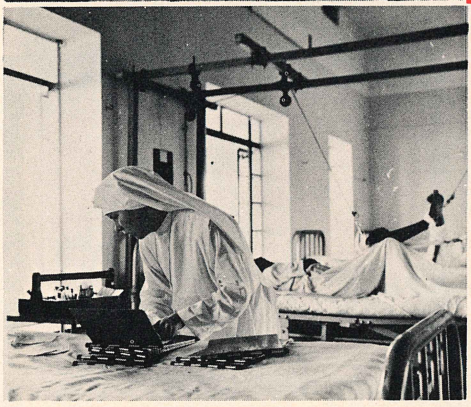
The men who shared the ward with Mohammed had as many problems and needs as he did. Many had had gastrectomies because of ulcers, a very prevalent affliction for Bengalis. All problems were shared, as was the hope of recovery, and the 14 of them, Muslims, Hindus, and Christians, men of Pakistan, men of humble means, let the days go by, and time bring to perfection what medical science was doing for them. Many had tried every possible kind of cure before putting their trust in the scientific, systematized brand of care this hospital gives. At Holy Family

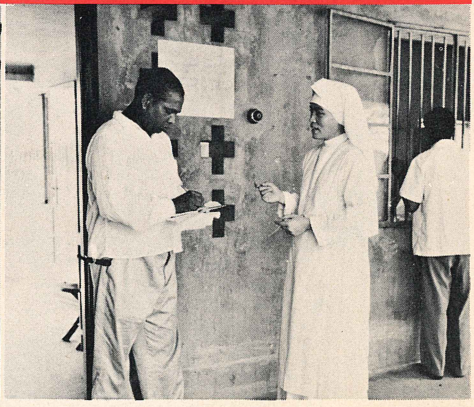


Some patients in the ward with him had operations for ulcers. Sr. Claude, M.D., assisted by Dr. Ahmed in O.R.

He was given medicine, and blood tests. Sr. M. Justine, Medical Technologist.

Sr. M. Angelina, Pharmacist, explains a prescription to a pharmacy assistant.



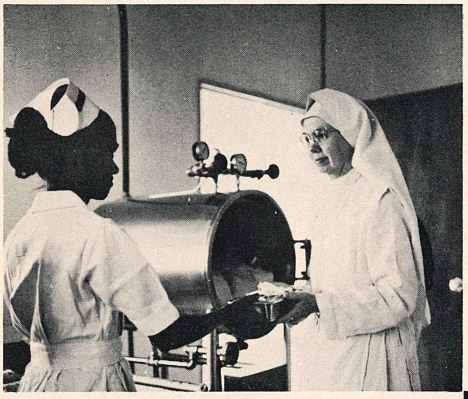


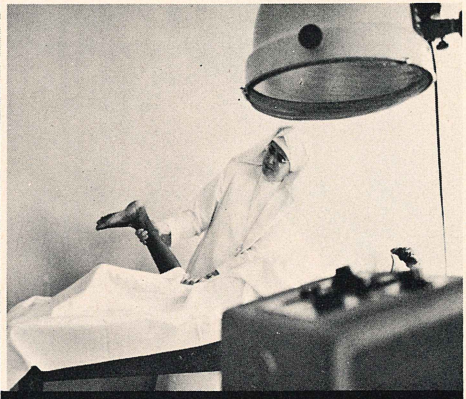
Hospital modern scientific medicine and Christian charity join forces to aid the patient in his battle for complete recovery.

Three weeks passed. Mohammed Ali's progress was noted and charted. The traction was uncomfortable, of course, but there was no pain, and daily reassurances as to the outcome as well as uniform kindness from all increased confidence in his long cure. The much-awaited callus appeared on the x-ray film. Surgery, readily available when needed, was not needed in this case.

When Mohammed Ali went home, the flood waters had completely receded. The daily struggle, with its human joys, toil, and pains awaited him again. Being a plain man, he expects very few material things from life. But he grasps with all the life that is in him those few very basic ones: his health, his work, his dignity as a man, the loyalty of his friends, a roof over his head, and rice on his enamel plate. Beyond this, he owns only the freedom to pray for strength and to return thanks.

A normal thing, this course of treatment, then. Perhaps, in some parts of the world. But in this land, it is normal for only too few. A hospital, complete, efficient, clean, and in all ways a healing place: this is still a novelty here; but it is here, and high privilege indeed for us to share in anticipation the new dawn when all suffering will be considered equal, adequate care becoming the right of all.



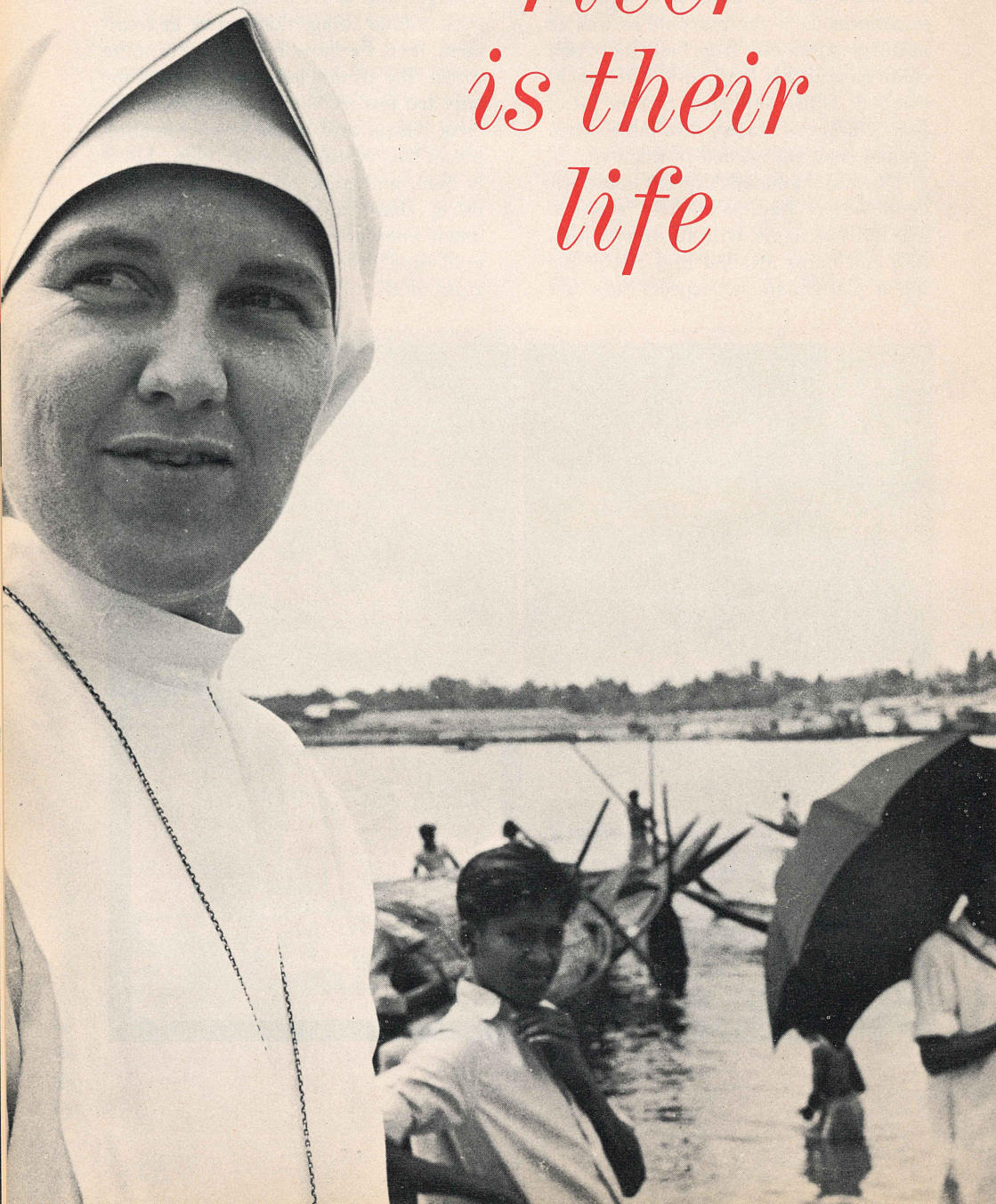


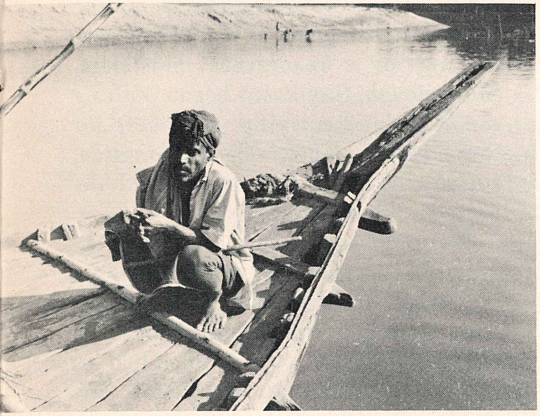
Next, Physiotherapy Dept. After 2 months in traction, his muscles need exercise.

Sr. M. Jude with one of our graduate nurses, Pushbo Baroi. Sr. M. Jude, who celebrates Silver Jubilee of profession this year, spent 23 years in missions.

Sister M. Nicola bids Mohammed Ali farewell as he leaves for home.

the river is their life





Though, at the time of partition, East and West Bengal were separated, the east, which became East Pakistan, remained a land well washed by rivers. A glance at the map reveals the finger-like processes of water reaching south to the Bay of Bengal. And these rivers are the very life of East Pakistan, for they are the only source of water during the long, dry season from October to June.

A few months ago another Sister and I traveled with one of our Bengali nursing students by river steamer from Dacca to Barisal, almost directly south of us. We boarded the steamer in the evening at the ghat in Naryangang. Before settling down for the night we made a quick survey of our surroundings. We had plenty of company. The third-class passengers had claimed enough space for a mat and a few belongings on the deck, and were already bedded down.

With the reassuring rumble of the engines in our ears, we dropped off to sleep. I awoke the following morning to the glare of the rising sun on the water. A peek out the window made me want to go on deck and search for the sights of the Buriganga River. During the night the fishing boats had been at work with their nets. Now we could see the morning shift spreading out their nets too. The boats were shaped like half-moons. They were carried along by sails which were square shaped affairs, and more often than not, constructed of

Sister travels downstream by country boat.

Tiny *nokas* carrying passengers for the river steamer—river-going taxis.

Fisherman spreads his net for a catch. Just as in the Old Testament days.

Irrigating the paddy fields. Rice is the staff of life in East Pakistan.

Fishing boat shaped like half moon; sails patched with colored cloth.

multicolored patches of old cloth. The traffic on the river became heavier, almost like downtown Dacca. Like the city pedestrians and cyclists, the little *nokas* or boats seemed in no hurry to avoid being run down by larger vehicles. Somehow they always managed to make it.

At intervals along the river we sailed over nets suspended from the top of the water by short bamboo rods. They seemed to stretch across the whole width of the river. As our gaze followed the nets to the banks of the river, we could catch a glimpse of life among the river people. Where the water had washed away a shallow place along the bank, naked children, toasted brown by the sun, frolicked in the water. But it wasn't all play, for they were taking their noonday *snan* (bath) in God's big bathtub — along with their bullocks. Beside them, the women folk slapped the family laundry on the rocks, in that iambic rhythm of the Bengali *dhobi*.

Gradually we became aware of the absence of the vibrations of the engines and noticed that the steamer was nosing toward land. To our amazement, the anchor was dropped, as though we were waiting for a rendezvous midstream. Sure enough, tiny *nokas* began pushing out from land carrying passengers for the steamer. They edged alongside, transferred their passengers, and departed—river-going taxis!

We were soon turned in the right direction and on our way again, chugging patiently toward Barisal. In late afternoon a series of whistle signals between our steamer and a river pilot told us that we were near our destination. The sinking sun spread a silver path across the water. The fishing boats made dark silhouettes on the water and we waved to the fishermen as they glided silently by. The river is their life.

by Patricia Traveline

+ R.i.p.

Please pray for our benefactors recently deceased:

Rt. Rev. Msgr. John Middleton, N.Y., N.Y. + Rev. Frederick Cotteral, E. Lansdowne, Pa. + Rev. Francis Vanyamparampil, Kerala, S. India + Bro. Eugene LeFeuvre, C.S.C., Dacca, E. Pakistan + Sr. Mary Anna, R.S.N., Titusville, Pa. + Sr. M. Matthia, S.Sp.S., Phila., Pa. + Mrs. Marion Collins, Bellaire, N.Y. (N.Y. Aux.) + Mrs. Loretta Cosgrove, Cambria Hts., N.Y. (Mother of Sr. M. Lourdes, S.C.M.M.) + Mr. Daniel Cummings, Phila., Pa. (M.M.M.) + Mr. Edmund Keller, N.Y., N.Y. + Mrs. Evelyn McInerney, Pelham, N.Y. + Mrs. Eva Meehan, Phila., Pa. + Mrs. Hannah O'Brien, Brooklyn, N.Y. + Mrs. Margaret O'Connell, Kensington, Md. + Mrs. Philip Oehl, Brooklyn, N.Y. + Mrs. Byrne D. Sheehan, Queens Village, N.Y. (N.Y. Aux.) + Mr. John Milton Shoemaker, Sr., Evansville, Ind. (Father of Sr. M. Theophane, S.C.M.M.) + Miss Eleanor Werner, Astoria, N.Y. + Mrs. Rosemary Wieber, Queens Village, N.Y. (N.Y. Aux.)

Where We Met

by Sister Maria Goretti

It was already dark when we reached the ghat, but even darker was the hold of the launch. Kerosene lanterns cast eerie shadows on the rows of injured cyclone victims. They were mostly village women, lying packed close together on the floor. Some moaned quietly, others gazed with pleading eyes, all were helpless. This is where we met —Magdalen and I.

Magdalen Gomes, a victim of the cyclone disaster at Golla, with Sister M. Goretti. 31 persons were killed and 26 injured. The church walls collapsed on them.

Two days earlier Magdalen had been in church with her friends. Sunday afternoon Benediction was over, but the heavy rains and high winds increased. The women decided to wait for the downpour to lessen. This decision turned out to be a fatal one for thirty of them. For a minute the church trembled. The next minute it was in shambles, roof and walls burying those inside. Magdalen found both her legs pinned beneath a huge beam which she was

unable to move. It seemed like years before relatives came to begin removing the debris and to discover their loved ones dead or alive. The cyclone had whirled and dipped in a macabre dance through the villages of Golla and Hashnabad, capriciously destroying some baris and sparing others. A bamboo mat served as the stretcher on which Magdalen was carried to what had been her little home. In the evening a village doctor examined her and sent her to the tiny make-shift hospital which was already overflowing with the wounded. That night and the following day are a blur in Magdalen's memory. She could only lie and wait for an end to this nightmare.

Help from Dacca did not arrive until Monday evening. It had taken over twenty-four hours for news of the tragedy to come thirty miles by messenger. On Monday afternoon four Medical Mission Sisters from Holy Family Hospital (two doctors and two nurses) collected emergency supplies and set out for Golla. The Sisters were bounced and jostled as the little helicopters fought their way through the strong winds. The sight of suffering made them forget all else. The thirty-one dead had just been buried. Without formalities the Sisters worked through the night, giving first aid, sedatives, and intravenous fluids to the injured lying on the floor. They had never seen such fractures! By morning they had sorted out the stretcher cases and the long journey to our hospital began. These 26 were carried to the clearing where the helicopters had landed. Two by two they were flown to the launch waiting at the ghat. Thus in the steaming hold, with little in the way of food and water, they traveled until dark.

It took time and care to move the patients from the launch to trucks and ambulances. In the meantime, I went from one to the other giving what little comfort I could and taking information which would be needed later for their admission slips. When the ambulance had brought us to the hospital, Magdalen went first to the x-ray room where fractures of both bones in both lower legs were revealed. Up in the ward, the scene was that of the aftermath of a bombing. As the patients were carried in we bathed them, gave more sedation and IV fluids, and applied temporary splints. Shyly, the women reminded us that after the long trip they were thirsty. Hot tea went around; this is considered cooling over here. By midnight there was some semblance of order. The patients fell into an exhausted sleep.

Many weeks of hospitalization lay ahead for Magdalen. Through all the cast and traction applications, surgery, injections, blood transfusions, there were few complaints. During the months that followed Magdalen and I became fast friends. Each day another little victory was made on the way back to health. We could not help but be impressed by the simple faith of these village women, with their cheerful acceptance of God's will. Each evening Magdalen lead them in reciting the Rosary and singing Bengali hymns. On Sunday an altar was set up in one of the wards and all the patients were moved to a position in their beds from which they could assist at Mass.

After three months of lying in bed, Magdalen was ready for the next big step—crutch-walking. Our problem was finding enough crutches for all the "Golla" patients. The only solution was to show the design to their relatives and hope for the best. The first attempts would have done credit to Paul Bunyan. The wood was heavy and bulky, the padding for the axilla was thick and unyielding. By trial and error improved

models began to appear. At first Magdalen was terrified of falling. But with practice and encouragement, she was finally able to propel herself around the ward and out onto the veranda. It was with mixed emotions that we watched our "Golla patients" one by one leave the hospital. Caring for them had indeed been a rewarding experience.

The story does not end here, for about six months later I was surprised to find my friend waiting in x-ray. When I asked her what had brought her back, Magdalen said, "O, Sister, please give me back my leg." Her right leg was not healing well. More surgery would be necessary. A steel plate was inserted to join the ends of the broken bones. The long process of getting back on her feet began all over again, only this time the moral support of the others was absent. This time it was harder to keep her spirits up. But eventually Magdalen went home with her cast and crutches.

Just a few weeks ago I found Magdalen back in her favorite ward. At home in the village, she had been able to get around on her crutches and help with preparing the meals. But an infection had developed in the bone. More surgery! "All the rest are still in the village. I'm the only one who keeps coming back," she said to me. I thought of

Magdalen had fractures in both legs.One did not heal well so Magdalen had to return for more surgery. Here she is shown trying her crutches for the first time.

reminding her that she is lucky to still have her two legs. But there are times one can only remain silent in the face of suffering. So Magdalen talks on and I listen. A new church and school will soon begin to arise in Golla—one and a half years after the cyclone. But the scars are harder to erase from human minds and bodies, than from the face of the earth.

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Across the Medical Mission World

SOUTH VIETNAM

President Diem in Quinhon

After Mass one morning recently Father Huong, our present Chaplain, told Sister Maria Fe that President Diem was going to visit Quinhon and perhaps some of us might go to the airport to greet him. Sister M. Rosalie and I set off on our bicycles and got only a little way when we had a flat tire. So we parked the bikes and walked to the airport. The roads were all blocked off by the police and the military so we really did not have much hopes of seeing the President at a very close range. However, we decided to walk up to the policemen just as if we were expected. Of course, we were stopped but I told the Police that we had come to greet the President and he surprised us by letting us pass. I suppose he figured that if we knew the President was coming we had a right to be there. Then when we got into the airport the Chief of Province was there seeing that everything was in readiness. He greeted us and asked if we were planning on going to Saigon. So we said, "Oh, no, we have come to greet the President." The funny part of all this was that there were only a few people permitted in the airport—a military guard, the Province Elders, and a few of the Officials from the office of the Chief of Province. As always, the Chief of Province responded gallantly and placed us at the very head of the line in front of the Elders who were all "decked out" in their traditional costumes. We had to wait about forty-five minutes for the President's plane to arrive, and in the meantime Bishop Chi and Father Bang and Father Huong arrived.

Finally, two escort planes and then the President's plane landed and we began to get goose pimples as we were right in the front line. After speaking with the Chief of Province and greeting the Bishop, the President saw us and came directly to us and shook hands. I took the opportunity to thank him for the land grant and he said, "Oh, it is nothing. I'm sorry that you had so much red tape to go through." By this time, Sister M. Rosalie and I were riding on high "C," not knowing that even better things were in store. The purpose of the President's visit was to view the harbor here in Quinhon. It has been decided to develop the harbor so that it will be

big enough to accommodate large ships. This will probably mean that eventually cargo will be able to come right up to Quinhon. The President had to pass right by the Hospital in going to the Port. Father So sent someone over to tell us to be sure and put our Vietnamese flag out as the President would be passing by. This was done and, thinking that was all there was to it, we went about our usual business. A half hour later, however, Sister Maria Fe came running to me all out of breath and excited, saying that after a short visit to the Bishop's, the President was coming to see the Hospital! And sure enough he did! He was very informal and pleased and greeted each Sister individually. After viewing the Hospital, he paid a short visit to our Chapel and then prepared to bid us goodbye. However, we had another big surprise coming—as he was about to go—he handed me a donation of 20,000 Piastres (about $250.00) for the Hospital. As you can well imagine we were all walking on air for the rest of the day. Then to top all of this, a few days later, we received a very nice lacquer album from the Chief of Province with all the pictures that were taken of the visit.

Sister M. Karen, Holy
Family Hospital, Quinhon

South Vietnam. President Ngo Diem (Bishop Chi on right) greeting Sr. M. Virginia and Sr. M. Karen on a recent visit to Sisters and patients at Holy Family Hospital, Quinhon.

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AFRICA

Report from Ghana and Uganda

by Mother M. Benedict, M.D.

In Ghana, I went first to Kokofu. Things are going very well in the Leprosarium. It is wonderful to see the change in the outlook of the patients since the new therapy was introduced. The patients like it when you come to visit them. They put on their best clothes, come out and dance while the gramophone plays. Even those who are really sick—that have fever, etc.—drag themselves out of bed to come and sit there.

In the Leprosarium they have a system whereby the patients can earn some money. They are paid on a daily basis, and way back in November, Sister M. Isidore starts worrying about what she will do in February. She can never get them to understand why their monthly wages for that month are less than for any other month of the year. The patients come to discuss the matter with Sister, cutlasses in hand. She tells them to put down their cutlasses first and then she'll talk over the business!

From there, I went to Techiman where the work has increased very much. In its little building, patient for patient, operation for operation, it does as much work as Berekum and yet it is a much smaller hospital. We are going to try, in the next few years, to build a new hospital there. The present building was only meant to be the Out-Patient Department and in it the Sisters have carried on heroically.

In Berekum, the Out-Patient Department is still the original building and the nurses are living in what was the original convent. We have to build a new OPD and a nurses' hostel there. At present we have what is called a Q.R.N. (Qualified Registered Nurses)

Virika, Uganda. Bishop McCauley, C.S.C., with Mother M. Benedict (to his right) and pioneer group of Medical Mission Sisters at the newly undertaken 130-bed Holy Family Hospital in Virika, Western Uganda, formerly staffed by the White Sisters of Africa.

Training Program. Since everything is moving forward so rapidly in Ghana, as soon as possible, we have to have a training school which provides facilities for the S.R.N. (State Registered Nurse) program, or "A" training as it is called in India; also a school of Midwifery. Six more of our students graduated and passed their examinations in Berekum—the whole class. This is tremendous.

His Excellency, Joseph Aminhere Essuah, the new Bishop of Kumasi, is of the same tribe as President Nkrumah. He had just come from the Council one day before I arrived for a visit. He is an energetic man and really very understanding. He has a wonderful concept of the overall idea of the medical mission apostolate and how it should work.

Miss Mary Ellen Dougherty, a member of the Women Volunteers Association, came to Ghana after I had been there about three weeks. Her organization has four young women working in the country. Miss Dougherty stayed in Kokofu, Berekum, and Techiman for a time while visiting them. Then she and I traveled together across Africa to Uganda.

We left Accra for Lagos in Nigeria where we had a three days' wait before getting our Air Congo plane to Uganda. In a way I was glad to have those three days in Lagos to rest a bit after all the traveling back and forth between our hospitals in Ghana and Accra. I made the 600-mile trip to and from Accra four times because of business. It was

hot in Lagos. Mary Ellen and I were really laden down because someone had sent a message from Uganda to bring Christmas decorations. In all, we had fourteen packages to carry and one of them was a cast-iron frying pan!

Finally we caught our Air Congo plane. "In nomine Domini" we got on and traveled to Leopoldville, then to Usumbura in Burundi and then to Entebbe. I was telling Mary Ellen that we should meet Father Meyer, C.S.C., somewhere on the flight. Father is the Holy Cross religious superior in Uganda and also representative for CRS in the country. Catholic Relief Services tries to negotiate with countries as soon as they become independent. They asked for a representative and Holy Cross gave Father Meyer. He is stationed in Kampala now and had just been on a six weeks' tour of Catholic Relief Service installations in Africa. I knew if he was to get back to Kampala before Christmas he would have to be on our plane, because there was no other. While we were waiting to change planes in Usumbura, all of a sudden we heard someone calling. It was Father Meyer. He had seen us as he was going through customs. We arrived in Kampala on the 19th of December, very tired because it was an overnight flight to Entebbe. On the 20th we spent the day shopping and on the 21st drove from Kampala to Fort Portal. It is a whole day's trip practically.

Our Sisters in Fort Portal had just moved into the Convent next door to the hospital. It is really two buildings, a previously constructed doctor's bungalow to which was added two rooms, and a new building running parallel to the bungalow. The original bungalow now contains the chapel, parlor, sacristy, a room for two Sisters, refectory and a community room. Connected by a covered walk is the new building that has six sleeping rooms. In the community room there are two big picture windows looking out towards the Mountains of the Moon, and a big fireplace which works beautifully. Father Weber had even sent away for literature on how to construct a fireplace properly.

The Sisters were busy getting ready to go into the hospital on the 1st of January. We almost didn't have any food on Christmas because of the different way the people of Uganda tell time. As Uganda is on the Equator, the sun rises and sets at the same time each day all year round. Sunrise is at 7 o'clock but the people call sunrise one o'clock. The Sisters explained to the cook about the meals according to our time system but the cook was going by Uganda time.

For the most important part of Christmas, we went to the "Cathedral"; it has a sway-back tin roof. Bishop McCauley celebrated Solemn Pontifical Mass there at midnight. After the second Mass we left. The Holy Cross Fathers had asked us to come to their community house where Father Weber had waited to say his three Masses. They brought an altar into their recreation room and our Sisters sang the High Mass, followed by two more Masses.

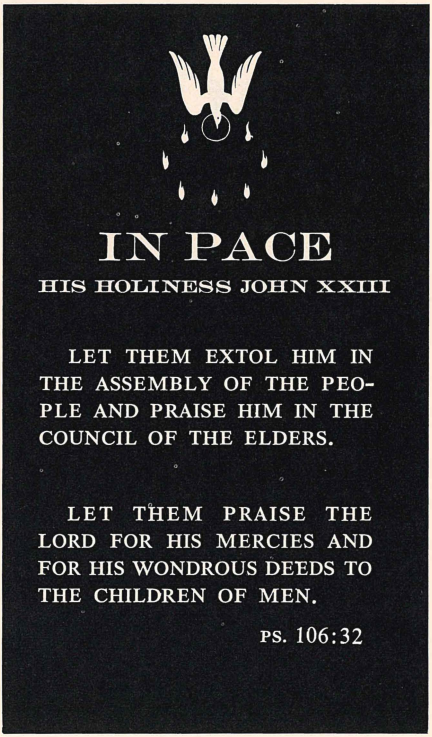
The blessing of our chapel took place on December 28th and on the Feast of the Holy Family, January 13th, Bishop McCauley blessed the house. I had to leave that day for Kampala as I was scheduled to fly to the Congo on the 15th in the afternoon. On the afternoon of the Feast of the Holy Family, the Sisters had Open House in the Convent. They were also busy in the hospital—so many patients and relatives had come. People were all over the place. And many people came that afternoon.

We have undertaken a difficult job in Uganda because the whole hospital grew "like Topsy." Now there are 130 beds in old buildings, no running water, no electricity, no nurses stations, no utility

rooms. Making this hospital into a modern medical facility will be one of the biggest challenges we have ever had. Sister M. Gregory wrote that during January, the first month, there were 300 admissions.

There are two very interesting clinics connected with the hospital in Fort Portal. One is in Bwamba over the Ruwenzori Mountains (Mountains of the Moon). There are 70,000 people in that area with no medical facilities whatever. It is a coffee-growing spot and the coffee goes out and supplies come in by the same single road over the mountains. It takes one day to go, another to hold the clinic, and a third to return to Fort Portal. The Sisters go on Friday, hold the clinic on Saturday and return on Sunday. Imagine 70,000 people and no medical care at all!

I must say that the White Sisters and the African Sisters (the Banyatereza) have just been tremendous to our Sisters and we are very grateful to them.


IN PACE
HIS HOLINESS JOHN XXIII
LET THEM EXTOL HIM IN THE ASSEMBLY OF THE PEOPLE AND PRAISE HIM IN THE COUNCIL OF THE ELDERS.
LET THEM PRAISE THE LORD FOR HIS MERCIES AND FOR HIS WONDROUS DEEDS TO THE CHILDREN OF MEN.
PS. 106:32

to enrich your knowledge and appreciation of our christian faith, we recommend that you attend:

1963 liturgical week

august 19-22

convention hall philadelphia, pa.

THEME:

THE RENEWAL OF CHRISTIAN EDUCATION

Among the speakers and discussion leaders will be: Rev. Godfrey Diekmann, O.S.B.—Mr. John B. Mannion—Rev. Frederick R. McManus—Rev. John H. Miller, C.S.C.—Rev. Frank B. Norris, S.S.—Rev. H. A. Reinhold—Rev. Gerard S. Sloyan—Rev. Shawn Sheehan.

BOOKS

Sister M. Julia

THE CHURCH'S MISSION IN THE WORLD. Louis and Andre Retif. Hawthorne. 156 pp. $3.50.

With usual French incisiveness the brothers Retif, one a parish priest, the other a Jesuit missiologist, have dramatized the Church's mission—man's salvation, against the turbulent world which opposes and often overwhelms it. Communism, technology and atheism, emerging nations with no spiritual moorings, and the desacralization of men and cultures, these are familiar problems and our sense of danger is dulled. The authors shock us into seeing just what these revolutions mean: "The time for sleep has passed. We are standing on the slopes of a volcano and the situation grows daily worse."

The resources for this great challenge are considered, as are the "internal handicaps" of unequal placement of missionary personnel; the inadequate formation of the clergy, and the failure to establish schools of lay leadership.

On the positive side are the strength and holiness of the Church itself: "Catholicity is above all else the capacity of the Church's principles to assimilate, perfect, sublimate, win and unite to God the whole of man, all men and all values."

In pointing out how this task is to be achieved the authors omit detailed programs that would soon be outdated. Their remarks on "a priesthood which can face the challenge of our time" are fresh and competent. "The Western Church has been a clerical institution for a long time . . . Lay people are not to be servants of the priest nor are priests to be servants of the layman. Both priests and lay people are to be servants of the Church."

Another important section concerns the "Third Revolution"—the workers' world, and the human values emerging from this great movement: a spirit of class loyalty, solidarity, responsibility and the value of leadership.

But there are some situations where the missionary cannot declare his message. Is God's grace at a loss? "Premission" is a fruitful concept, and is a function of the Mystical Body. Fr. Peyriguere is quoted: "Christ is overburdened with apostles who talk. He hungers and thirsts for apostles who live His life."

Finally, the authors describe the new approach to evangelization. There must be *mutual exchange*, *service*, and *unity* between so called "mission countries" and the traditionally Catholic lands. These, and other ideas are deep and pregnant for those who study them, and are all suffused with the underlying motive of charity, the *raison d'etre* of missions.

"The Church is not a colonial expedition. The meeting between Jesus and a man's conscience takes place in the very depths of the human heart. The Church must be the meeting place of Jesus Christ with a whole section of the human race, and it is with this purpose that she must go forward among the nations."

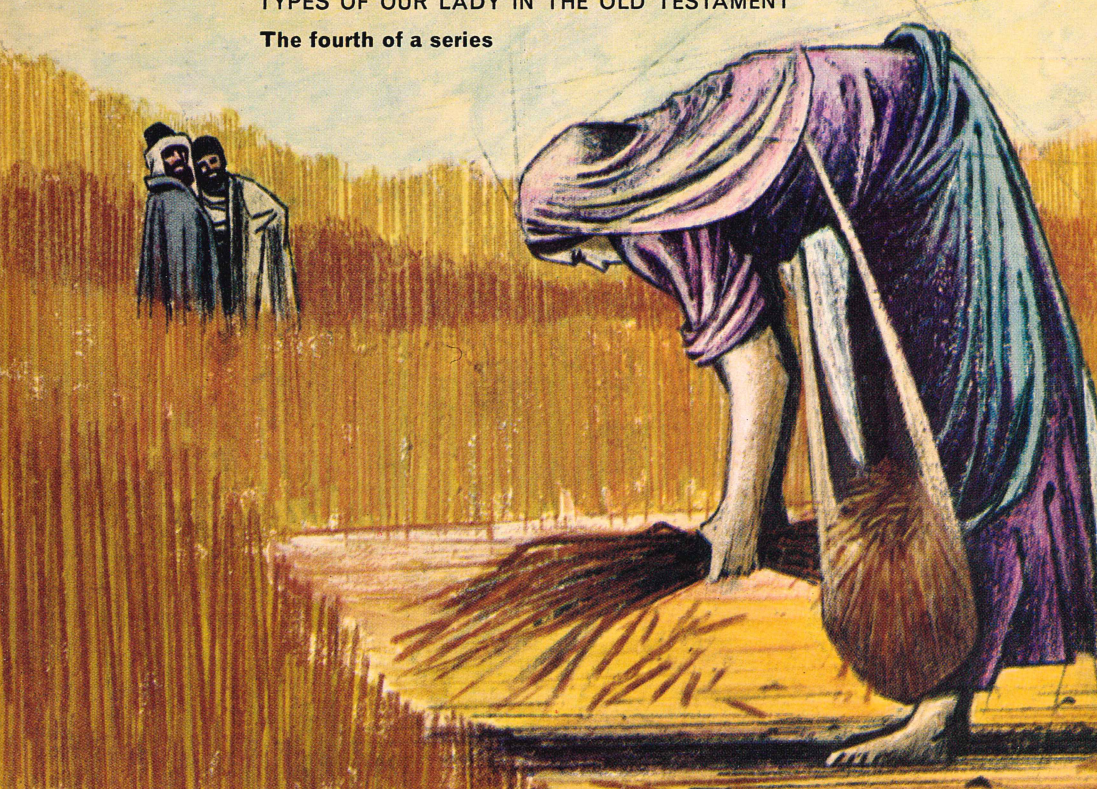
RUTH

There was a famine in Bethlehem and people fled the land in search of bread. A man, his wife, and their two sons thus came to Moab, and the sons married women of that country. In time, the men died, leaving Naomi and her daughters-in-law alone and unprotected. Hearing there was again food in her own country, Naomi determined to return to Bethlehem, and bade farewell to the young women. She kissed them and wished them happiness. Orpha accepted this decision, but Ruth would not be separated from Naomi: "Wherever you will go, I will go, and where you will live, I will live; your people shall be my people and your God, my God."

It was harvest time when they came to Bethlehem, and Ruth went gleaning, as was the custom of the poor. Booz, owner of the fields, looked kindly on the beautiful stranger, and in time they were married. Their son was named Obed, who was grandfather of David the King. Thus Christ, born in Bethlehem, was the descendant of Ruth, the steadfast woman of Moab. Ruth is a type of Mary, who in faith and generosity followed her vocation and brought joy and fulfillment to her people.

TYPES OF OUR LADY IN THE OLD TESTAMENT

The fourth of a series



A scene in the Out-Patient Dept. of Holy Family Hospital, Dacca, E. Pakistan.

BENGAL RAINS! 7 MONTHS OF THE YEAR
H.F.H. Out-Patient Dept.
WET OUTSIDE, STUFFY, DARK CROWDED INSIDE!
BUT...THERE IS SOMETHING TO BE SAID FOR THIS PLACE. LOTS OF SICK PEOPLE ARE HELPED HERE. LIKE ME.
SISTER JI— YOU KNOW SOMETHING? YOU NEED A NEW BUILDING

Thanks to your generosity, H.F.H., Dacca, is completed and open. Only the Out-Patient Department is still not built. Last year, 36,000 patients were served in the present inadequate temporary one. Many of them had to wait outside in the rain to get in. The new one will cost $250,000.

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters:

Here is my gift $.....to help build the Out-Patient Department at Holy Family Hospital, Dacca.

Name.....

Address.....

City.....Zone.....State.....